



What is a Flexible Spending Account?

Fringe Benefits Management Company (FBMC) provides you with IRS tax-favored Flexible Spending Accounts (FSAs) to stretch your medical expense and dependent care dollars. FSAs are an IRS-approved way to be reimbursed for eligible expenses tax-free. They also are a great means of savings on income and Social Security taxes and offer the security of paying anticipated expenses with your FSA.

To learn more about FSAs, visit www.myFBMC.com for a list of Frequently Asked Questions (FAQs) or contact FBMC Customer Care at 1-800-342-8017.

Is an FSA right for me?

If you spend \$240 or more on eligible expenses during your plan year, you may save money by paying for them with an FSA. A portion of your salary is deposited into your FSA each pay period.

- You decide the amount you want deposited.
- You are reimbursed for eligible expenses before income and Social Security taxes are deducted.
- You save income and Social Security taxes each time you receive wages.
- Determine your potential savings with a Tax Savings Analysis by visiting the "Tax Calculators" link at www.myFBMC.com.

What is a Health Care FSA?

A Health Care FSA is an IRS tax-favored account you can use to pay for your eligible medical expenses not covered by your insurance or any other plan. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax-free. It can be used for expenses such as co-payments, deductibles, and qualified dental, vision, prescription and medical costs. The annual maximum contribution for a Health Care FSA is \$5,000.

What is a Dependent Care FSA?

A Dependent Care FSA is an IRS tax-favored account you can use to pay for your eligible dependent care expenses to ensure your dependents (child or elder) are taken care of while you and your spouse (if married) are working. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax-free. You are able to contribute up to \$5,000 (single and head of the household or married and filing jointly) or \$2,500 (married and filing separately) to a Dependent Care FSA each year.

What are eligible expenses?

Different expenses are covered by each type of Flexible Spending Account. Listed are some examples; for the complete list please visit our Web site at www.myFBMC.com.

Health Care FSA

- Ambulance service
- Birth control pills and devices
- Chiropractic care
- Contact lenses (corrective)/Eyeglasses
- Diagnostic tests/health screening
- Drug addiction/alcoholism treatment
- Hearing aids and exams
- In vitro fertilization
- Nursing services
- Orthodontic treatment (non-cosmetic)
- Over-the-Counter (OTC) items/Prescription drugs
- Smoking cessation programs/treatments
- Surgery
- Weight-loss programs/meetings
- X-Rays

Dependent Care FSA

- After school care
- Baby-sitting fees to enable you to work
- Daycare services
- In-home care/au pair services
- Nursery and preschool
- Summer day camps

Metro Nashville Government

How do I request reimbursement for a Health Care FSA?

Mail or fax a completed FSA Reimbursement Request Form with one or more of the following:

- an invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided **OR**
- an Explanation of Benefits (EOB) from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost **AND**
- a written statement from your health care provider indicating the service was medically necessary (if those services could be deemed cosmetic), accompanied by the invoice or bill.
- a copy of the typed prescription statement (that includes your name and the drug's name)
- **FOR OTCs** — a cash register receipt clearly stating the purchase date and name of the item, medicine or drug

Note: Canceled checks or credit card receipts listing the cost of eligible expenses are not valid documentation.

How do I request reimbursement for a Dependent Care FSA?

Mail or fax a completed FSA Reimbursement Request Form along with documentation showing the following:

- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

Fax TOLL-FREE to: 1-866-440-7145

Mail to: Contract Administrator
FBMC
P.O. Box 1800
Tallahassee, FL 32302-1800

Introducing the myFBMC CardSM

The myFBMC CardSM is a convenient reimbursement option that allows FBMC to electronically reimburse Over-the-Counter (OTC) and prescription expenses. (Please note that all other purchases will require you to fill out a reimbursement form.) Because it is a payment card, funds are electronically deducted from your Health Care FSA.

Other advantages include:

- instant approval of all OTC and prescription expenses
- no out-of-pocket expense and
- easy access to your account funds.

Using the myFBMC CardSM

Simply swipe the myFBMC CardSM like you would with any other credit card. Over-the-Counter and prescription purchases will only be accepted at IIAS certified merchants. To find out if a pharmacy or drugstore near you accepts the card, please refer to the IIAS Store List at www.myFBMC.com.

Two cards will be sent to you in the mail; one for you and one for your spouse or eligible dependent. You should keep your cards to use each plan year until their expiration date.

Remember, you can go to www.myFBMC.com to activate your card, see your account information and check for any outstanding Card transactions.



FBMC

Premier Benefits Solutions

Contract Administrator

Fringe Benefits Management Company

P.O. Box 1878 • Tallahassee, Florida 32302-1878

Customer Care 1-800-342-8017 • 1-800-955-8771 (TDD)

www.myFBMC.com

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.